

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="text-align: right; font-family: cursive;">098 34 506</div>	FILING DATE <div style="text-align: right; font-family: cursive;">04/12/01</div>
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.    DEP.    IND.    DEP.    IND.    DEP.
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5	/						55	
6		/					56	
7		/					57	
8		/					58	
9	/						59	
10		/					60	
11		/					61	
12		/					62	
13	/						63	
14	/						64	
15	/						65	
16	/						66	
17	/						67	
18	/						68	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	17	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	9	↓		↓		↓	TOTAL DEP.	↓
TOTAL CLAIMS	26						TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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